want

diana State Board of ealth under Authority APPLICATION FOR N	MARRIAGE LICENSE
hap. 126, Ind. Acts 1905 FLO	rie
MALE	Date of Application
Medical Examination Report Dated 2-18-70	FEMALE Medical Examination Report Dated 12 - 18 70
Name of Physician Litresury MA	Name of Physician & Streekey M. D.
LL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False stated of the control of the co	
or of precents shall be fined in any sum not exceeding five hundred dollars (\$500.00).	which whoever procures the issuance of a license to marry by any false statement, represen
ame /)First / Middle , / Last o	Name First Middle I Iget
albert W. Kelly	a linabeth E. Hamfal
4 22 /520 /	Date of Birth Month Day Year
lace of Birth (State or foreign country)	Place of Birth (State or foreign/country)
esidence Address Street or B. R. Cay County State	Residence Address Street or R. R. City County State
revious Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different
ast Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages
olor or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment
sual Occupation / Waral Ordnance	Color or Race White Negro Other (specify)
ate of birth verified by: Birth Cert. Dudicial Decree	Usual Occupation To all State Sallsma
Other (Specify)	Date of birth verified by: Birth Cert. Judicial Decree
Of Unsound Mind?	(Specify) Uswer of Cluster
3. Are you now or have you been within five (5) years an inmate of a county asylum or	1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? Ye.
home for indigent persons? No La Yes If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?
A. Are you afflicted with a transmissible disease? No Yes No Yes No Yes Yes No Yes No Yes Yes No Yes Yes No Yes Yes Yes No Yes Ye	2. Are you under guardianship as a person of unsound mind?
3. Are you now under the influence of intoxicating liquor?	3. Are you afflicted with a transmissible disease? No Ye
Are you now under the influence of a narcotic drug? No Yes No Yes No No No No No No No No No N	4. Are you related to the groom closer than second cousin?
O. Are you likely to so continue?	5. Are you now under the influence of intoxicating liquor? No. Ye
D. Do you have minor children from one or more former marriages? No [] Yes [] (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug? No Yes
(a) List their full names, ages and addresses Name Age Address	7. Full name of father Residence of father (if deceased so state) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Occupation of father A LL at DUN Race of father 1
	Birthplace of father (State or foreign country)
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother authority and a start an
(c) Are you complying with any court order or orders issued for their support? Yes No	Residence of mother (if deceased so state)
1. Full name of father Closet 1 / Celly	Occupation of mother Cin Mathe Rade of mother hu
Residence of father (if deceased so state)	Birthplace of mother (State or foreign country)
Occupation of father Race of father	State of Indiana,
Birthplace of father (State or foreign country)	County of Sa: I depose and state the information gi in this application is true and corrections.
Residence of mother (if deceased so state)	el'est ett
Occupation of mother Race of mother While	Signed Colegabeth & Hamplon
Birthplace of mother (State or foreign country) New allany	New Address. Subscribed and sworn to before me this
tate of Indiana, I depose and state the information given	Jum C. Lochthoferk of FLOYD County Circuit Co
ounty of Signed Supert W. Kelly	
New Address.	CONSENT OF PARENTS, PARENT OR GUARDIAN
ubscribed and sworn to before me this. 19 day of July 19 70	We, the parents, of this applicant hereby give consent for this marriage. If only one par
m. C. Cochicad Clerk of FLOYD County Circuit Court	signs, state facts which render the consent of the other parent unnecessary
ONSENT OF PARENTS, PARENT OR GUARDIÁN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
igns, state facts which render the consent of the other parent unnecessary	
	State of Indiana,
tate of Indiana,	County of
County of	SignedFat
SignedFather	Signed Mo
Signed	Subscribed and sworn to before me thisday of
subscribed and sworn to before me thisday of	
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	
	ourt by written order issuedand i
nauthorizes and directs the issuance of	
RETURN OF MARRIAGE LICENS. Be It Remembered, there was filed in my office a marriage license iss	SE AND MARRIAGE CERTIFICATE
of Indiana dated the day of day of	sued by the clerk of the County Circuit County Linguist County County Circuit County Logother as husband and u
alvert W. Kellin	and
Be it further remembered, the following marriage certificate was filed in my o	office, to-wit!
	hereby certify that on the day of Illimitation
me thousand nine hundred and D	at Illi globally, Country of Illy
State of Indiana, Groom (Ille C.	Of County, State of Af
vere by me united in marriage as authorized by a marriage license issued for	that nurpose by the Clerk of the Circuit Court of
	The state of the s
County. 2017	

Filed and recorded in accordance with the laws of the State of Indiana this...

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..County Circuit Court